

Bureau of Health Care Quality & Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS2175AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/03/2008</b>
NAME OF PROVIDER OR SUPPLIER  <b>ROSS SENIOR RESIDENCE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5935 SADDLE AVE WEST LAS VEGAS, NV 89103</b>		
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Y 000	<p>Initial Comments</p> <p>This Statement of Deficiencies was generated as a result of the annual State Licensure survey conducted at your facility on 10/03/08.</p> <p>This survey was conducted using Nevada Administrative Code (NAC) 449, Residential Facility for Groups Regulations, adopted by the Nevada State Board of Health on July 14, 2006.</p> <p>The facility is licensed for five (5) total beds.</p> <p>The facility was licensed as five (5) beds Residential Facility for Groups with Category II residents.</p> <p>The census at the time of the survey was five (5) residents.</p> <p>Five (5) of five (5) resident files were reviewed.</p> <p>Three (3) of three (3) employee files were reviewed.</p> <p>There were no complaints investigated during the survey.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	Y 000		
Y 434 SS=F	449.229(3) Emergency Drills	Y 434		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 434	Continued From page 1  NAC 449.229 3. A drill for evacuation must be performed monthly on an irregular schedule, and a written record of each drill must be kept on file at the facility for not less than 12 months after the drill.  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure evacuation drills were conducted monthly, recorded and kept on file at the facility.  Findings include:  Record Review  A review of the fire drill log revealed the facility failed to conduct monthly fire drills. Fire drills were not recorded for eleven (11) of the past twelve (12) months. The facility had a fire drill recorded for the month of September 2007.  Severity: 2 Scope: 3	Y 434			
Y 444 SS=F	449.229(9) Smoke Detectors  NAC 449.229 9. Smoke detectors must be maintained in proper operating conditions at all times and must be tested monthly. The results of the tests pursuant to this subsection must be recorded and maintained at the facility.  This Regulation is not met as evidenced by: Based on record review, the facility failed to ensure smoke detectors were tested monthly.	Y 444			

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Y 444	Continued From page 2  Findings include:  Record Review  The facility lacked documented evidence of monthly smoke detector test.  The facility lacked documented evidence of monthly smoke detector tests. The smoke detector testing log revealed the facility smoke detectors were tested zero (0) times in the past twelve (12) months.  Severity: 2 Scope: 3	Y 444			
Y 450 SS=E	449.231(1) First Aid and CPR  NAC 449.231 1. Within 30 days after an administrator or caregiver of a residential facility is employed at the facility, the administrator or caregiver must be trained in first aid and cardiopulmonary resuscitation. The advanced certificate in first aid and adult cardiopulmonary resuscitation issued by the American Red Cross or an equivalent certification will be accepted as proof of that training.  This Regulation is not met as evidenced by: Based on record review, the facility failed to	Y 450			

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Y 450	Continued From page 3  ensure one 1 of 3 employees had evidence of current training in first aid and cardiopulmonary resuscitation (CPR)(#2).  Findings include:  Review of Employee #2's personnel file (date of hire 3/2/2008) revealed a CPR card with an expiration date of 10/11/07. There was no further documentation regarding a current CPR card.  Severity: 2 Scope: 2	Y 450			
Y 859 SS=E	449.274(5) Periodic Physical examination of a resident  NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician.  This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to ensure 2 of 5 residents had documented annual physicals in their files (#1 and #3).  Findings include:	Y 859			

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Y 859	Continued From page 4  Record Review  Resident #1 was admitted to the facility on 05/14/08. Resident #1's file contained an annual physical dated 09/06/07 but lacked documentation of other physicals.  Resident #3 was admitted to the facility on 11/02/04. Resident #3's file contained annual physicals dated 09/22/04 and 03/27/07 but lacked documentation of other physicals.  Interview  On 10/03/08 in the afternoon, Employee #1 was aware and confirmed that the resident files should have contained documentation of annual physicals.  Severity: 2 Scope: 2	Y 859		
Y 870 SS=F	449.2742(1)(a)(1) 449.2742(1)(a)(1) Medication Administration  NAC 449.2742 1. The administrator of a residential facility that provides assistance to residents in the administration of medications shall: (a) Ensure that a physician, pharmacist or registered nurse who does not have a financial interest in the facility: (1) Reviews for accuracy and appropriateness, at least once every 6 months the regimen of drugs taken by each resident of the facility, including, without limitation, any over-the-counter medications and dietary supplements taken by a resident.	Y 870		

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Y 870	Continued From page 5  This Regulation is not met as evidenced by: Based on record review and interview, the facility failed to provide medication reviews every six months for 3 of 5 residents (#1, #3, and #5).  Findings include:  Record Review  The facility lacked documented evidence of a six month medication review for Residents #1, #3 and #5. The aforementioned residents all had one (1) documented medication review in their files, all of which were dated October 2008.  Interview  On 10/03/08 in the afternoon, Employee #1 declined to answer for the missing medication reviews.  Severity: 2 Scope: 3	Y 870		
Y 896 SS=E	449.2744(1)(b)(2) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (2) The date and time that the medication was administered.	Y 896		

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Y 896	<p>Continued From page 6</p> <p>This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to keep an accurate record of the medication administered to each resident for 2 of 5 residents (#1 and #2).</p> <p>Findings include:</p> <p>Observation</p> <p>On 10/03/08 in the afternoon:</p> <p>Resident #1's medication basket lacked a supply of 1 milligram Warfarin tablets.</p> <p>Resident #2's medication basket contained a supply of 10 milligram Loratidine tablets.</p> <p>Interview</p> <p>On 10/03/08 in the afternoon:</p> <p>Employee #1 indicated the pharmacy would deliver Resident #1's Warfarin sometime on 10/03/08.</p> <p>Employee #1 indicated Resident #2 was receiving 10 milligrams of Loratidine daily.</p> <p>Record Review</p> <p>According to the June, July, and August medication administration records (MAR), the facility documented Resident #1's Warfarin administration twice daily. A medication review dated 10/2008 indicated 2 milligrams of Warfarin on Monday-Thursday and 1 milligram of Warfarin on Friday-Sunday. Resident #1's file lacked</p>	Y 896		

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Y 896	Continued From page 7  previous medication reviews and physician orders regarding Warfarin.  A physician order dated 08/05/08 indicated 10 milligrams of Loratidine daily for Resident #2, but the medication administration record for September 2008 failed to list Loratidine.  Severity: 2 Scope: 2	Y 896		
Y 898 SS=D	449.2744(1)(b)(4) Medication / MAR  NAC 449.2744 1. The administrator of a residential facility that provides assistance to residents in the administration of medication shall maintain: (b) A record of the medication administered to each resident. The record must include: (4) Instructions for administering the medication to the resident that reflect the current order or prescription of the resident's physician.  This Regulation is not met as evidenced by: Based on observation, interview and record review, the facility failed to ensure instructions for administering a medication to a resident reflected the current order or prescription for 1 of 5 residents (#2).  Findings include:  Observation	Y 898		

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Y 898	Continued From page 8  On 10/03/08 in the afternoon, Resident #2's medication basket contained a supply of 20 milligram tablets of Lasix. The label indicated one tablet daily.  Interview  On 10/03/08 in the afternoon, Employees #1 and #2 indicated they were administering 20 milligrams of Lasix every other day to Resident #2.  Record Review  Resident #2's file revealed a physician order dated 09/02/08 indicating 10 milligrams of Lasix every other day. Resident #2's September 2008 medication administration record indicated 10 milligrams of Lasix every other day.  Severity: 2 Scope: 1	Y 898		
Y 936 SS=D	449.2749(1)(e) Resident file  NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto.  This Regulation is not met as evidenced by:	Y 936		

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Y 936	Continued From page 9  NAC 441A.380 Admission of persons to certain medical facilities, facilities for the dependent or homes for individual residential care: Testing; respiratory isolation; medical treatment; counseling and preventive treatment; documentation. (NRS 441A.120) 1. Except as otherwise provided in this section, before admitting a person to a medical facility for extended care, skilled nursing or intermediate care, the staff of the facility shall ensure that a chest radiograph of the person has been taken within 30 days preceding admission to the facility. 2. Except as otherwise provided in this section, the staff of a facility for the dependent, a home for individual residential care or a medical facility for extended care, skilled nursing or intermediate care shall: (a) Before admitting a person to the facility or home, determine if the person: (1) Has had a cough for more than 3 weeks; (2) Has a cough which is productive; (3) Has blood in his sputum; (4) Has a fever which is not associated with a cold, flu or other apparent illness; (5) Is experiencing night sweats; (6) Is experiencing unexplained weight loss; or (7) Has been in close contact with a person who has active tuberculosis. (b) Within 24 hours after a person, including a person with a history of bacillus Calmette-Guerin (BCG) vaccination, is admitted to the facility or home, ensure that the person has a tuberculosis screening test, unless there is not a person qualified to administer the test in the facility or home when the patient is admitted. If there is not a person qualified to administer the test in the facility or home when the person is admitted, the staff of the facility or home shall ensure that the test is performed within 24 hours after a qualified person arrives at the facility or home or within 5	Y 936			

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Y 936	Continued From page 10  days after the patient is admitted, whichever is sooner. (c) If the person has only completed the first step of a two-step Mantoux tuberculin skin test within the 12 months preceding admission, ensure that the person has a second two-step Mantoux tuberculin skin test or other single-step tuberculosis screening test. After a person has had an initial tuberculosis screening test, the facility or home shall ensure that the person has a single tuberculosis screening test annually thereafter, unless the medical director or his designee or another licensed physician determines that the risk of exposure is appropriate for a lesser frequency of testing and documents that determination. The risk of exposure and corresponding frequency of examination must be determined by following the guidelines as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 3. A person with a documented history of a positive tuberculosis screening test is exempt from skin testing and routine annual chest radiographs, but the staff of the facility or home shall ensure that the person is evaluated at least annually for the presence or absence of symptoms of tuberculosis. 4. If the staff of the facility or home determines that a person has had a cough for more than 3 weeks and that he has one or more of the other symptoms described in paragraph (a) of subsection 2, the person may be admitted to the facility or home if the staff keeps the person in respiratory isolation in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200 until a health care provider determines whether the person has active tuberculosis. If the staff is not able to keep the person in respiratory isolation,	Y 936		

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Y 936	Continued From page 11  the staff shall not admit the person until a health care provider determines that the person does not have active tuberculosis. 5. If a test or evaluation indicates that a person has suspected or active tuberculosis, the staff of the facility or home shall not admit the person to the facility or home or, if he has already been admitted, shall not allow the person to remain in the facility or home, unless the facility or home keeps the person in respiratory isolation. The person must be kept in respiratory isolation until a health care provider determines that the person does not have active tuberculosis or certifies that, although the person has active tuberculosis, he is no longer infectious. A health care provider shall not certify that a person with active tuberculosis is not infectious unless the health care provider has obtained not less than three consecutive negative sputum AFIB smears which were collected on separate days. 6. If a test indicates that a person who has been or will be admitted to a facility or home has active tuberculosis, the staff of the facility or home shall ensure that the person is treated for the disease in accordance with the recommendations of the Centers for Disease Control and Prevention for the counseling of, and effective treatment for, a person having active tuberculosis. The recommendations are set forth in the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (g) of subsection 1 of NAC 441A.200. 7. The staff of the facility or home shall ensure that counseling and preventive treatment are offered to each person with a positive tuberculosis screening test in accordance with the guidelines of the Centers for Disease Control and Prevention as adopted by reference in paragraph (h) of subsection 1 of NAC 441A.200. 8. The staff of the facility or home shall ensure	Y 936			

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Y 936	<p>Continued From page 12</p> <p>that any action carried out pursuant to this section and the results thereof are documented in the person ' s medical record. (Added to NAC by Bd. of Health, eff. 1-24-92; A 3-28-96; R084-06, 7-14-2006)</p> <p>Based on record review, the facility failed to document current Tuberculin (TB) screening test results for 1 of 5 residents (#1).</p> <p>Findings include:</p> <p>Record Review</p> <p>Resident #1 was admitted to the facility on 05/14/08. The resident had one-step TB results dated 08/02/06 and 09/08/07 but lacked a two-step TB result for 2008.</p> <p>The facility failed to provide the above required Tuberculin screening test result for Resident #1.</p> <p>Severity: 2 Scope: 1</p>	Y 936			

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